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# Providing haemodialysis in community during COVID-19: supporting the people of Yarrabah

Initiative Type

Service Improvement

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Deliver

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## Summary

The Cairns Hospital and Health Service (CHHS) Renal Team, Aboriginal and Torres Strait Islander Health Unit (A&TSIHU) and Gurriny Yealamucka Aboriginal Health Corporation recognised the

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effects that displacement would have on the wellbeing of residents requiring dialysis during the COVID pandemic. They responded rapidly with a coordinated effort to sustainably increase the provision of haemodialysis within the community.

Through coordinated efforts and staff from all units picking up additional shifts, the number of residents able to dialyse on-country was doubled with a week. In the initial stages of the response the small team of Yarrabah nurses and Indigenous health workers were working 12 hour shifts to dialyse 16 patients in only four treatment spaces. It was clear from the outset that a sustained solution was needed. Clinicians within the service were supported by the A&TSHU to successfully apply for COVID First Nations response funding to fund a workforce response and perform capital work to expand dialysis treatment spaces.

This service initiative used the principles of disaster management initially to rapidly flex up service delivery within the community. The renal service was delivered an ultimatum with approximately 48 hours' notice. After this, Yarrabah residents leaving the community would be required to remain in Cairns as all attempts at pursuing exemptions from biosecurity restrictions were unsuccessful. Clinicians within the service felt that the impact of displacement on Yarrabah would significantly impact their wellbeing and needed to be avoided wherever possible.

It was apparent from the outset that a sustained response would be required, funding was sought through the First Nations COVID response to assist with providing a sustainable workforce model and capital improvements to the space to expand the capacity of the unit.

12) months on and beyond the biosecurity restrictions, the residents of Yarrabah on dialysis are all able to dialyse within their community, on a single shift. This has measurably improved their lifestyle on dialysis, saving about six hours of travel time a week for each resident.

#### Key dates

Jun 2021

Aug 2021

#### Implementation sites

Yarrabah

#### Partnerships

Yarrabah council, Gurriny Yealamucka Aboriginal Health Corporation, Queensland Nurses and Midwives union, CHHS

## Key Contacts

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Karen Griffiths

2185

[william.vanheerden.ced](mailto:william.vanheerden.ced)

Nurse Unit Manager, Satellite Dialysis

Cairns Hospital and Health Service

07 42263325

ce\_office\_chhhs@health.qld.gov.au

## Aim

Care on Country To minimise the risk of displacement and deliver care on country during biosecurity restrictions on human movement.

- To utilise COVID First Nations funding to deliver a sustained local response, with infrastructure improvements, to minimise the risk of unnecessary travel and exposure while there is a residual threat of COVID.
- To assess and sustainably retain successful business as usual (BAU) strategies implemented as part of the pandemic response.
- To create sustainable capacity to deliver haemodialysis closer to home.

## Benefits

- zero disruption to care delivery throughout pandemic and in the face of biosecurity restrictions
- care delivered in community, avoiding the negative impact of displacement or isolation to access care
- proof of concept: this has provided a supported period to demonstrate the efficiency and cost benefit of enhancing service delivery in the community
- leadership to other services - this has promoted an evaluation from other local services to consider alternative strategies to deliver ambulatory care within the community.

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## Background

Biosecurity restrictions implemented during the COVID pandemic presented significant obstacles to accessing care for clients in affected communities. For the residents of Yarrabah requiring dialysis, this threatened to displace them from the community to continue to access life-sustaining haemodialysis. The CHHS Renal Team, Aboriginal and Torres Strait Islander Health Unit (A&TSIHU) and Gurriny Yealamucka Aboriginal Health Corporation recognised the effects that displacement would have on the wellbeing of residents.

## Solutions Implemented

The initial workforce response was to rapidly implement an extended (12 hour) roster pattern to double the capacity of the unit. This included locally led consultation with all affected staff and engagement with the QNMU. This immediate response allowed 16 residents to be dialysed within four treatment spaces.

A sustained workforce solution involved recruiting additional support from surrounding satellites to implement a more sustainable roster pattern.

Support from the A&TSIHU led to a successful pitch for labour and capital funding to support the workforce and capital requirements for a sustained response.

The existing space was completely reconfigured to accommodate an additional three dialysis treatment spaces. A creative approach was required to manage this within the existing space and a conservative budget. This provided additional capacity to flex up or increase service delivery as required.

## Evaluation and Results

For the implementation period, an additional eight Yarrabah residents were able to remain in the local community to receive dialysis. Beyond the biosecurity restrictions, this has saved each resident from approximately six (6) hours of travel time each week just to access dialysis.

For the 2021-22 financial year, the expanded service is projected to deliver an additional 115 weekly activity users (\$566,763 revenue) for a projected cost of \$232,326. Aside from the positive impact for clients, this demonstrates a cost effective model with a strong cost benefit to delivering care locally. After 12 months and beyond of biosecurity restrictions, the residents of Yarrabah on dialysis are all able to dialyse within their community, on a single shift. This has measurably improved their lifestyle on dialysis, saving about six hours of travel time a week for each resident.

## Lessons Learnt

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## 1. An all hazards approach to disaster management

Disaster preparedness and planning for service resilience in the face of extreme weather events is built into operational planning for the renal service. The impact of biosecurity restrictions and pandemic management has challenged our thinking around the existing model. Most natural disasters are self-limiting. Planning for people on haemodialysis across the northern region focusses on either a 'shelter in place' or 'evacuation' model depending on the location, severity of the event, resilience of local infrastructure and predicted access during the recovery phase. Service delivery is generally predicted to be restored within days or weeks. COVID-19 has necessitated a sustained response that has now extended beyond 12 months and for the renal service, has focussed intensely on scaling up services within the community to minimise or avoid travel wherever possible.

For future disaster planning, the likelihood of a sustained and scalable response within discrete communities needs to be considered along with an assessment of local infrastructure to accommodate an increase in ambulatory care. Regularly assessing outcomes and reviewing strategies assists with informing future response and in determining what should be retained as normal business.

2: Review (and re-review) strategies post implementation.  
COVID provided fertile ground for innovation and disruptive thinking. Reviewing strategies post implementation to ensure that they are linked to an improvement in outcomes, are aligned with current advice and evidence and the return a benefit for the investment is crucial. Beyond the COVID response, this will assist in informing what should be retained and how recurrent funding should be redirected.

From the outset it was apparent that there were significant benefits and positive outcomes linked to increasing dialysis provision in Yarrabah. A continual cycle of quality improvement was needed though to ensure that the service was sustainable, safe and provided a quality experience. Support from the ATSI health team was a critical factor in showcasing the early outcomes to secure funding and from there providing vital project support and governance.

3: Sell yourself  
Clinicians don't always do this well, but a good idea or quality initiative will not gain traction without an investment of time and money. The renal service was strongly supported by the ATSI Health Unit who promoted the Yarrabah response, gained support from local healthcare partners (GYAHC) and developed a successful proposal for operational and capital funding.